

777^c Cray Robert

 * ORDER/RESULT INQ -XRY RESULT DISPLAY 12:41 PM 11/27/02
 * DSCH/*****-NAPHCARE, 167644 06217631 B/M/069Y MCLANE, JERRY
 * BONE WHOLE BODY 000100 0657152

BONE SCAN

HISTORY: PROSTATE CANCER

THERE IS MARKEDLY INCREASED TRACER UPTAKE IN THE RIGHT KNEE THAT IS PRESUMABLY RELATED TO ARTHRITIS AND/OR TRAUMA. PLAIN FILM X-RAYS COULD HELP FURTHER EVALUATE THIS. THERE IS FOCALLY INCREASED TRACER UPTAKE SEEN IN THE PEDICULAR REGION OF THE L5 VERTEBRAL BODY THAT MAY WELL BE RELATED TO ARTHRITIS AND PLAIN FILM X-RAYS OF THIS MAY HELP IN FURTHER EVALUATION. THERE IS ARTHRITIC UPTAKE IN BOTH SHOULDERS, ELBOWS AND FEET. THERE IS A SMALL FOCUS OF SLIGHTLY INCREASED TRACER UPTAKE SEEN IN THE STERNOMANUBRIAL JOINT THAT PROBABLY IS ARTHRITIC IN NATURE AND THERE IS ALSO A TINY FOCUS OF SLIGHTLY INCREASED TRACER UPTAKE SEEN IN ONE OF THE LOWER POSTERIOR RIGHT RIBS (APPROXIMATELY THE 10TH). THERE IS ONLY FAINT INCREASED INTENSITY AND MAY BE RELATED

TO PREVIOUS TRAUMA.

OPINION:

1. MARKEDLY INCREASED TRACER UPTAKE RIGHT KNEE COULD BE RELATED TO ARTHRITIS AND/OR TRAUMA. PLAIN FILM X-RAYS OF THIS AREA COULD HELP IN FURTHER EVALUATION.
2. INCREASED TRACER ACTIVITY IN THE REGION OF THE L5 VERTEBRA MAY BE RELATED TO ARTHRITIS AND PLAIN FILM X-RAYS OF THE LUMBAR SPINE COULD HELP IN FURTHER EVALUATION OF THIS.
3. ARTHRITIC UPTAKE NOTED IN THE SHOULDERS, ELBOWS AND FEET.
4. FOCUS OF SLIGHTLY INCREASED TRACER UPTAKE AT THE STERNOMANUBRIAL JOINT PROBABLY RELATED TO ARTHRITIS. FOCUS OF FAINTLY INCREASED TRACER UPTAKE SEEN IN ONE OF THE LOWER RIGHT RIBS POSTERIORLY PROBABLY RELATED TO PREVIOUS TRAUMA. FOLLOW UP BONE SCAN IN 2-3 MONTHS MAY HELP FURTHER EVALUATE THESE AREAS.

RD

DR R W FINLEY

FUNCTION

PAT-ORDERS

& ENTER

*** END OF RESULT ***

TechCare**Annual Health & TB Screening Appointment**

11/21/2002

Name MCCRAY, ROBERT

DOC # 167644

Birth Date [REDACTED]

Appointment Date 6/20/2002

TB Screening Data

| | |
|---------------------|-----------|
| Date Given | 6/20/2002 |
| Site Given | Left Arm |
| Lot # | 4525G261 |
| Nurse Administering | SKINNNER |
| Date Read | 6/22/2002 |
| Size in MM | 0 |
| Nurse Reading | SKINNER |

Medical Data

| | |
|--------------------|--------|
| Current Weight | 162 |
| Previous Weight | 164 |
| Height | NA |
| Blood Pressure | 154/88 |
| Recent Chest Pain | No |
| Kitchen Clearance | Yes |
| Productive Cough | No |
| Any Bleeding | Yes |
| Diabetic | NA |
| Diabetic Condition | NA |
| Prosthetic | NA |
| Duty Status | |

Emergency Contact Data

| | |
|---------|---------------|
| Name | ROBERT MCCRAY |
| Phone | 703-803-7288 |
| Address | UNK |

D. P. Bhuta, M.D., F.A.C.S.

DIPLOMATE AMERICAN BOARD OF UROLOGY

ADULT AND PEDIATRIC UROLOGY

B:bb

345 ST. LUKES DRIVE
MONTGOMERY, AL 36117

PHONE: (334) 279-5737
FAX: (334) 279-1048

October 27, 2002

Dr. McClain
Kilby Correctional Facility
12201 Wares Ferry Road
Montgomery, AL 36116

RE: Robert McCray

#167644

Age 70, sex M

Chart 376

SS# [REDACTED]

Dear Dr. McClain,

Just a brief note to inform you of the follow-up on Mr. McCray, 70 year-old gentleman with PSA of 10.4. In 1997 his PSA was 6.1.

He was having some difficulty voiding and I started him on Flomax- samples were given. Because of high PSA he was advised to have ultrasound and biopsy of the prostate gland. Biopsy was positive from the left lobe of the prostate gland. I faxed you a copy of the report.

Mr. McCray will need bone scan to make sure there is no metastasis. He needs to return to me for further follow-up after this. We will then discuss a definite line of treatment.


Enclosed are copies of the pathology report for your records.

Thank you,

D.P. Bhuta

D.P. Bhuta

DPB/amc



Quest
Diagnostics

63

LYRENE, GEORGE A

REMARKS

FINAL

| REPORT STATUS | TEST | RESULT | UNITS | REFERENCE RANGE | SITE CODE |
|----------------------------|------|----------|--------------|-----------------|------------|
| | | IN RANGE | OUT OF RANGE | | |
| 17000 0037 J SPECIFIC A | | | | | |
| TOTAL PSA | | | 9.4 H | NG/ML | < OR = 4.0 |

THE REAGENT MANUFACTURER OF THIS ASSAY IS ABBOTT DIAGNOSTICS.

BECAUSE THE CONCENTRATION OF PSA IN ANY GIVEN SPECIMEN CAN VARY DUE TO DIFFERENCES IN ASSAY METHODS AND REAGENT SPECIFICITY, VALUES FROM DIFFERENT ASSAY METHODS CANNOT BE USED INTERCHANGEABLY. SERUM PSA LEVELS, REGARDLESS OF VALUE, SHOULD NOT BE INTERPRETED AS ABSOLUTE EVIDENCE OF THE PRESENCE OR ABSENCE OF DISEASE.

>> END OF REPORT - MCCRAY, ROBERT AT010519E ((

5/6/02



D. P. Bhuta, M.D.

DIPLOMATE AMERICAN BOARD OF UROLOGY

ADULT AND PEDIATRIC UROLOGY

303 SOUTH RIPLEY STREET
SUITE 4400 PROFESSIONAL BUILDING
MONTGOMERY, AL 36104
PHONE: (334) 264-1445

6632 WINTON BLOUNT BLVD.
MONTGOMERY, AL 36117
PHONE: (334) 280-0147
280-0148

June 24, 1998

Dr. An
Kilby Correctional Center
Mt. Meigs, Al. 36057

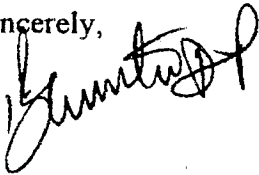
RE: Robert McCray

Dear Dr. An:

I appreciate your referral of Mr. McCray, with a P.S.A. of 5.3 which is normal for his age specific P.S.A. ratio.

He has some obstructive symptoms but with no nocturia. He has frequency every one to two hours and is voiding with a slow stream. His urinalysis was normal. He has no infection. His prostate was enlarged but it was not tender and no nodules were felt. His CBC and Chemistry were within normal limits. Definitely, he needs and I.V.P. He needs a periodical follow up for his P.S.A. Further treatment will depend upon I.V.P. report. Please send me a copy of the I.V.P. report.

Sincerely,



D.P. Bhuta, M.D.

DPB/bn

TB
7/13/98

02/12/2003 12:22 2055025909

RADIOLOGY ASSOC OF AL

PAGE 12

~~Maple~~

X-Ray Requisition and Report

| | | | |
|--------------------------------------|----------------------------|--------------------|---|
| Name of Hospital/Infirmity Kilby | Date of Request 3/10/03 | Requested By OR | Patient Status <input type="radio"/> Inpatient <input checked="" type="radio"/> Outpatient |
| Examination Requested Chest X-ray | | | |

Clinical Diagnosis

R/o Pneumonia

| | | |
|--------------|--------------------------|-----------------------|
| X-Ray Number | Date of X-Ray 3/10/03 | Date of PPD Skin Test |
|--------------|--------------------------|-----------------------|

Report of Findings

MCCRAY, ROBERT ID 167644

PA CHEST 02/10/03

THE THORACIC AORTA IS MILDLY TORTUOUS. NO PNEUMONIA OR
ANY OTHER SIGNIFICANT RADIOGRAPHIC ABNORMALITY IS
IDENTIFIED. NO CHANGE FROM 11/06/97.

RP

R. FINLEY, M.D.

RF

2/13/03

M.D.

Physician's Signature

| | | | | | |
|---------------------------------------|-------|--------|-----------------------------|-----------|---------------------|
| Patient's Last Name McCray, Robert | First | Middle | Date of Birth [REDACTED] | R/S Bm | ID Number 167644 |
|---------------------------------------|-------|--------|-----------------------------|-----------|---------------------|

X-Ray Requisition and Report

NC059

RADIOLOGY ASSOCIATES OF ALABAMA, P.C.

P.O. Box 10168 Birmingham, Alabama 35202-0168 205-870-0123 Fax 205-870-0127

NAME: MCCRAY, ROBERT

FACILITY: BIBB

DOB [REDACTED]

ID # 167644

AP CHEST 02/18/02

THE HEART AND LUNGS AND SKELETAL STRUCTURES ARE NORMAL.

RP

S. LOVELESS, M.D.

**PRELIMINARY
UNSIGNED REPORT**

A handwritten signature in black ink, appearing to be 'S. Loveless', is located in the lower right quadrant of the page.

X-RAY REQUISITION AND REPORT

| | | | |
|---|-----------------------------------|-----------------------------------|-------------------------------|
| NAME OF FACILITY <i>Wm. Donaldson Corr. Fac.</i> | DATE OF REQUEST <i>8/30/00</i> | REQUESTED BY <i>Dr Faulcon</i> | PATIENT STATUS <i>G-41</i> |
|---|-----------------------------------|-----------------------------------|-------------------------------|

EXAMINATION REQUESTED

*X-ray C spine
@ Shoulder*

CLINICAL DIAGNOSIS

P pain/stiffness

cr

| | | | |
|--------------|---------------------------------|-----------------------|---------------|
| X-RAY NUMBER | DATE OF X-RAY <i>8-31-00</i> | DATE OF PPD SKIN TEST | <i>9/8/00</i> |
|--------------|---------------------------------|-----------------------|---------------|

REPORT OF FINDINGS

Cervical spine: Satisfactory alignment is noted. There are hypertrophic changes present in the lower cervical area. There is no evidence of an acute fracture.

IMPRESSION: HYPERTROPHIC CHANGES LOWER CERVICAL SPINE.

Left shoulder:

The examination shows no evidence of recent fracture or other significant bony abnormality.

IMPRESSION: NEGATIVE STUDY.

Thomas J. Payne, III, MD

d & t: September 5, 2000
abs

Thomas J. Payne, III, M.D.
Board Certified Radiologist

SIGNATURE

| | | | | | |
|--|-------|--------|------------------------------------|-------------------|--------------------------|
| PATIENT'S LAST NAME <i>McCrain Robert</i> | FIRST | MIDDLE | DATE OF BIRTH <i>[REDACTED]</i> | R/S <i>B/m</i> | ID NUMBER <i>1676</i> |
|--|-------|--------|------------------------------------|-------------------|--------------------------|

**CONSULTATION
PROVIDED
BY
CAHABA IMAGING, P.C.**

Homewood Plaza Office Bldg.
3125 Independence Drive, Suite 105
Homewood, AL 35209
(205)802-6100 * 1-800-535-2189 * Fax: (205) 870-1207

B-85

| | | | |
|---|--|--|----------------------------|
| NAME <i>McCray, Robert</i> | AGE [REDACTED] | DATE OF EXAM <i>3/25/99</i> <i>3-30-99</i> | PATIENT # <i>167644</i> |
| CLINIC NAME <i>Donaldson</i> | PROVIDER NAME <i>Dr. Gaybana</i> | | |
| PROCEDURES: <i>CXR, PA & LAT</i> | HISTORY <i>CCC → HTN</i> <i>40 'night recalls in past, again new</i> | | |

ROBERT MCCRAY 167644

CHEST: The heart is not enlarged. The lungs are clear.
IMPRESSION: NORMAL CHEST

D & T: March 31, 1999

Thomas J. Payne, III, M.D./ba

Report electronically signed.
Original signature on file.

[Signature]

**CONSULTATION
PROVIDED
BY
CAHABA IMAGING, P.C.**

Homewood Plaza Office Bldg.
3125 Independence Drive, Suite 105
Homewood, AL 35209
(205)802-6100 * 1-800-535-2189 * Fax: (205) 870-1207

B-85

| | | | |
|---|---|--|----------------------------|
| NAME <i>McCray, Robert</i> | AGE [REDACTED] | DATE OF EXAM <i>3/25/99</i> <i>3-30-99</i> | PATIENT # <i>167644</i> |
| CLINIC NAME <i>Donaldson</i> | PROVIDER NAME <i>Dr. Daybeun</i> | | |
| PROCEDURES: <i>CXR, PA & LAT</i> | HISTORY <i>CCC → HTN</i> <i>40 'night rales' in past, again new</i> | | |

CA

ROBERT MCCRAY 167644

CHEST: The heart is not enlarged. The lungs are clear.
IMPRESSION; NORMAL CHEST

D & T: March 31, 1999

Thomas J. Payne, III, M.D./ba

Report electronically signed.
Original signature on file.



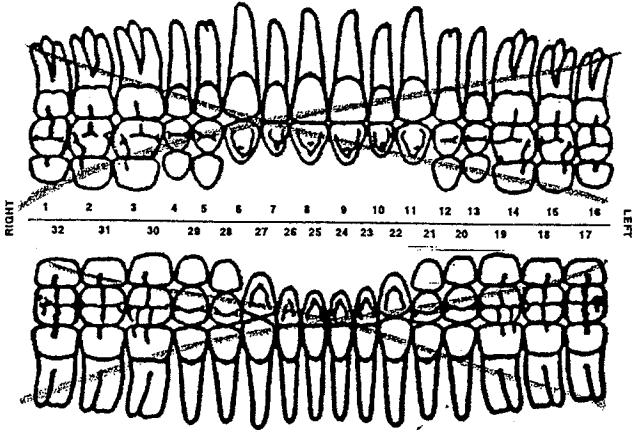
PRISON
HEALTH
SERVICES
INCORPORATED

DEPARTMENT OF CORRECTIONS

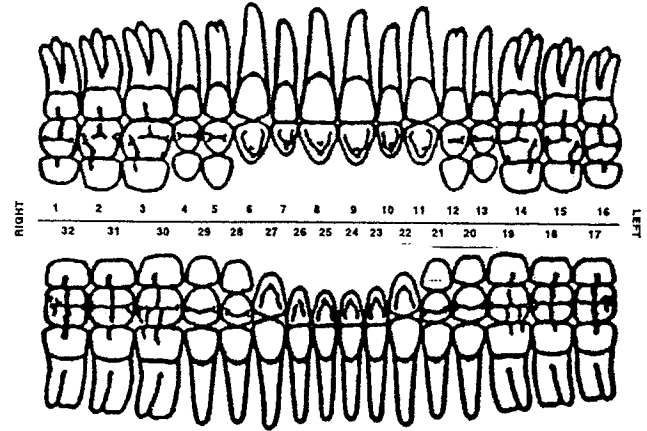
MENTAL HEALTH SERVICES

DENTAL RECORD

DENTAL EXAMINATION



RESTORATIONS AND TREATMENTS



Date of Initial Examination

3/23/05

Initial Classification

Oral Pathology

Gingivitis

Vincent's Infection

Stomatitis

Other Findings

Occlusion

Roentgenograms

Periapical

Biting

Other

Health Questionnaire

YES

NO

- ☐ Rheumatic Fever
☒ Allergy (Novocaine, penicillin, etc.)
☒ Present Medication
☐ Epilepsy
☐ Asthma
☐ Diabetes
☐ HIV

YES

NO

- ☐ V.D.
☒ Hepatitis
☒ Anemia or Bleeding Problems
☒ Heart Disease
☒ High Blood Pressure
☐ Kidney Disease
☒ Other Disease

SERVICES RENDERED

| Date | Tooth # | DX | TX | Initials | Class |
|---------|---------|----|--|----------|-------|
| 3/23/05 | | | Annual Exam Medical history update DHT on taking out dentures at night | TKR | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

INMATE NAME (LAST, FIRST, MIDDLE)

McCray, Robert

DOC#

167644

DOB

[REDACTED]

R/S

B/R

FAC.

Stator

AUG-11-2004 20:08 FROM:D P. BHUTA

3342791048

TD: 5-71538

P.2

Robert McCray
Chart 376
Age 71 ,sex M
4/30/04

Mr. McCray came back to us for follow-up. He is known to us. He was supposed to go to Birmingham to have radioactive seed implant. He did not go for the procedure. We again talked to him about the radiation therapy treatment because of his age and multiple medical problems, but he elected to have Lupron injections. we will make appropriate arrangements and discuss with his doctor.

PRISON HEALTH SERVICES: AUTHORIZATION LETTER

| | | | |
|------------------------------|--|---------------------------|----------------------|
| Patient Name: | McCray, Robert | Inmate Number: | 167644MC |
| Service Authorized: | Office Visits: Outpatient Urology Referral | Effective Dates: | 04/05/2004 |
| Effective: | Visits authorized for 60 days from effective date. | Visits Authorized: | 1 |
| Responsible Facility: | Bibb Correctional facility | Contact Name: | Michelle Pope |
| Authorization Number: | 13655462 | Telephone Number: | (334)395-5973 Ext 14 |

Note to Provider of Services:

- Medicare/Medicaid do not cover any health services provided to an inmate in custody, except in certain circumstances not applicable to this inmate.
- Authorization is diagnosis and procedure specific. Any additional tests, procedures, and inpatient or outpatient services must receive prior authorization to ensure benefit eligibility and payment. (Use above contact name and telephone number)
- Authorization for payment of service is guaranteed only if service is provided during the actual time of confinement to the referring correctional facility.
- HIPAA: Please be advised Prison Health Services, Inc. ("PHS") is not a covered entity under HIPAA's Rule on the Privacy of Individually Identifiable Health Information Standard ("Privacy Rule"). Because PHS does not engage in electronic transactions under HIPAA's Electronic Transactions and Code Set Standards ("Transaction Standards"), HIPAA's Privacy Rule does not apply to PHS.
- Payment will not be processed until we receive a clinical summary.

For Payment Please Submit Claims To:

Prison Health Services
P.O. Box 967
Brentwood, TN 37024-0967

The consulting physician should complete this section.
The completed form will be sealed in the attached envelope and
returned with an officer to the correctional facility.

Clinical Summary or Attached Report

pt with Prostate cap: - waiting for Radiation
seed implant.
Bone scan +ve

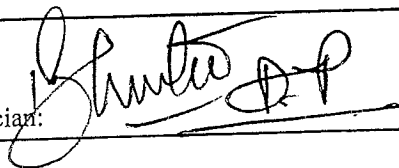
Plan: - do xray 10 & 11th Rib.

- do xray of Lumbar spine

Please do xray, send me the report

*** For security and safety, please do not inform patient of possible follow-up appointments. ***

Signature of Consulting Physician:



Date

11/8/04

Time

Reviewed and Signed By
Medical Director:

Date

11/9/04

Time

DEMOGRAPHICS

Site Name & Number:

BIBB 831

Site Phone #

205-225-0338

Site Fax #

205-225-0338

Patient Name: (Last, First,)

McCray, Robert

Alias: (Last, First,)

230

Inmate #

167644

SS Number

Date: (mm/dd/yy)

04.01.04

Date of Birth: (mm/dd/yy)

PHS Custody Date: (mm/dd/yy)

05.01.92

Potential Release Date: (mm/dd/yy)

12.07.13

Will there be a charge?

☒ Yes ☐ No

Sex

☒ Male ☐ Female

Responsible party:

☒ PHS

☐ Auto Ins.

☐ Health Ins. (Excludes Medicare/Medicaid Managed Care alternative plans)

☐ Other, be specific (Excludes Medicare and Medicaid):

CLINICAL DATA

Requesting Provider:

☒ Physician

☐ NP, PA

☐ Dental

James Whitley

Facility Medical Director Signature and Date:

J. P. Hux

☐ Service meets criteria for "approval via protocol"

Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.

☒ Office Visit (OV)

☐ X-ray (XR)

☐ Scheduled Admission (SA)

☐ Outpatient Surgery (OS)

☐ Dialysis (DA)

☒ Routine

☐ Urgent

09:30A

Estimated Date of Service (mm/dd/yy)

04.30.04

(This starts the approval window for the "open authorization period")

Multiple Visits/Treatments:

☐ Radiation therapy

☐ Chemotherapy

Number of Visits/Treatments:

Other: 29-5731

Specialist referred to:

D. D. P. Bhutta

Type of Consultation, Treatment, Procedure or Surgery:

urology eval

History of illness/injury/symptoms with Date of Onset:

71 yo bm z adenocA prostate
in Feb. 03.
he saw urology/ oncology last year 2003

Results of a complaint directed physical examination:

bm in NAD
unremarkable

discuss with pt
pt want
Radio-active
seed implant at
U. A. B.

Previous treatment and response (including medications):

PSA on 4/2/04 - 9.6
Last PSA Feb 03 - 9.3
want seed implant

You must include copies of pertinent reports such as lab results, x-ray interpretations and specialty consult reports with this form.

☐ Pertinent Documents have been attached and faxed.

For security and safety, please do not inform patient of possible follow-up appointments

UM DETERMINATION:

☐ Offsite Service Recommended and Authorized

☐ Alternative Treatment Plan (explain here):

☐ More Information Requested: (See Attached)

☐ Resubmitted with requested information.

Date resubmitted:

Regional Medical Director Signature,
printed name and date required:

Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

Cert Type:

Med Class:

UR Auth #:

13655462

NON-FORMULARY REQUEST FOR

~~EMERGENCY~~

NON-EMERGENCY

NOTE: A COPY OF THE ORDER MUST ACCOMPANY THIS FORM!!

Institution Billy Date 2-4-03Inmate Name Robert McCray Inmate # 167644Drug/Dose Requested Lupron 7.5mg IM - 9 mosEstimated Duration of Treatment X 4 MOSReason for Non-Formulary Drug Request Prostate Cancer
(must include diagnosis) will start Radiation
after Lupron inj X 4List of Formulary Agents/Doses Already Tried ordered per
outside physician
Dr. BhutaOrdering Physician's Signature [Signature] Date 2-4-03

Approved (YES/NO) _____ Approval Date _____

NaphCare Medical Director/Clinical Pharmacist Signature _____ Date _____

Appt. Date: 2-3-03
2:00PMAuth #: 030129KGU00NaphCare (National Prison HealthCare)
Hospital/Consultant Referral FormInmate Name: McCray, Robert AIS#: 167 644 Date: 1-28-03DOB: [REDACTED] Race: B Sex: M Allergies: CotapresHistory of working diagnosis (when first recognized, progression of symptoms, physical findings, lab results, current symptoms, current treatments): Prostate Cancer - was
referred for radiation but refused - wanted
to have surgery.SERVICES REQUESTED/PROVIDER: Dr. Bhata
discuss surgery optionA. Lawrence R. HSA Signature (M.D.): [Signature]Pertinent Chronic Conditions/Diagnosis: See above
DOC Facility: Killy Time Out: _____
Receiving Facility/Hospital: Dr. Bhata Return Time: _____
Route of Transportation: (X) _____ Ambulance _____ DOC Van X Other: Unlimited
Date & Result/Last PPD: _____ Date & Result/Last Chest X-Ray: _____

OFFSITE HEALTHCARE REPORT:

It decided for Radiation
Please make sure he get Duplon
Orders/Recommendations: 7.5mg I-M Q 1 month
x 4 month than Radiation
than continue Duplon x 1 yr

Physician: _____ Date: _____ Time: _____

Notify (Facility): Killy at: #B34 210-6706 of patient's discharge.

Advanced Medical Directive: Yes _____ (Attached) No _____

Report called to: (Name/Title): _____ Date: _____

Signature & Title: _____ Date: _____

Order 2-2-03

Appt. Date: _____

Auth #: _____

**NaphCare (National Prison HealthCare)
Hospital/Consultant Referral Form**

Inmate Name: McCray, Robert AIS#: 1167644 Date: 2-10-03

DOB: [REDACTED] Race: B Sex: M Allergies: Catapress

History of working diagnosis (when first recognized, progression of symptoms, physical findings, lab results, current symptoms, current treatments): Prostate Cancer - referred to Kelly for radiation - decided he wants the prostate implant tx - Dr Beatrous said he would be a good candidate if this kind of tx provided.

SERVICES REQUESTED/PROVIDER: Dr John Fiveash - B'ham
Consult for Prostate Implant → Cancerology
Phone # (205) 975-0224

Signature (M.D.): [Signature]Pertinent Chronic Conditions/Diagnosis: See aboveDOC Facility: Kelly Time Out: _____Receiving Facility/Hospital: ? Return Time: _____

Route of Transportation: (X) _____ Ambulance _____ DOC Van _____ Other: _____

Date & Result/Last PPD: _____ Date & Result/Last Chest X-Ray: _____

OFFSITE HEALTHCARE REPORT: _____

Orders/Recommendations: _____

Physician: Kelly Date: _____ Time: _____Notify (Facility): Kelly at: # 334/215-6706 of patient's discharge.

Advanced Medical Directive: Yes _____ (Attached) No _____

Report called to: (Name/Title): _____ Date: _____

Signature & Title: _____ Date: _____

HEALTHCARE CORRECTIONS
RADIOLOGY SERVICES REQUEST AND REPORT

INSTITUTION: SCC

Name: SEAN J. PARRIN
State ID No: 16 7644
DOB: [REDACTED]
Race: B Sex: M

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERFORMED

| | | | | | |
|--|------------------------------------|-----------------------------------|--|----------|---------------------------------|
| Requesting Physician/PA/NP <u>D. McArthur</u> | Date of request <u>11/11/04</u> | Time of request <u>8:00 PM</u> | Routine <input checked="" type="checkbox"/> | Priority | Transportation or special needs |
| HISTORY/DIAGNOSIS: <u>X-ray to go to Pt. to Dr. Bluta's office</u> <u>Low back pain & pain going both of both sides from back.</u> | | | | | |

| X-RAY REQUEST | | | | SOFT TISSUE STUDIES |
|--|--------------|--------------------|-------------------------------------|---------------------------|
| ABDOMEN/KUB | FINGERS | NAVICULAR VIEW | | STERNUM |
| ACROMIO-CLAVICULAR JOINTS (W/O WEIGHT) | FOOT | ORBIT | | TEMPORO-MANDIBULAR JOINTS |
| ANKLE | HAND | OF CALCE (HEEL) | | THORACIC SPINE |
| CERVICAL SPINE | HIP | PELVIS | | THIAT/IBULA |
| CHEST PA / LATERAL | HUMERUS | RADIUS/ULNA | | TOES |
| COCYX | KNEE | RIBS | <input checked="" type="checkbox"/> | WRIST |
| CONE DOWN SELLA TURCICA | LUMBAR SPINE | SACRO-ILIAC JOINTS | | ZYGOMA |
| ELBOW | MANDIBLE | SCAPULA | | ZYGOMATIC ARCH |
| FACIAL BONES | MAXILLA | SHOULDER | | |
| FEMUR | NASAL BONES | SKULL | | |

| REPORT |
|--|
| <p>McCray</p> <p>BILATERAL RIBS: The ribs appear intact. No destructive lesion is noted. There is no evidence of recent fracture.</p> <p>LUMBAR SPINE: The vertebral body heights are maintained. No significant disc space narrowing is detected. There is increased density noted involving the posterior elements at the lumbosacral level. No destructive lesion is apparent.</p> <p>IMPRESSION: DEGENERATIVE JOINT DISEASE, L5-S1.</p> <p>D & T: 11-16-04 Thomas J. Payne, III, M.D./r Board Certified Radiologist (Signature on file)</p> <p><i>[Signature]</i> 11-17-04</p> |

| | | |
|--|--|--|
| <u>J. Kenbetz RT.</u> X-RAY TECHNOLOGIST'S NAME (PRINT) | <u>[Signature]</u> X-RAY TECHNOLOGIST'S SIGNATURE | <u>11-15-04</u> DATE, TIME EXAM PERFORMED |
| <u>273-2278</u> RADIOLOGIST'S NAME (PRINT) | <u>[Signature]</u> RADIOLOGIST'S SIGNATURE | <u> </u> DATE SIGNED |

Facility Name: Staton Correctional FacilityDiltiazem HCl Coated Beads 240MG
Cap SR 24HR 30.00

Take 1 capsule(s) by mouth daily

| Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
|---------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 12/6/05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Start Date: 09-10-2005

Prescriber: Barnett, John

Stop Date: 09-09-2006

RX #: 250583059

Atenolol 50MG Tab 30.00

Take 1 tablet(s) by mouth daily

| Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
|----------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 12/16/05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Start Date: 09-10-2005

Prescriber: Barnett, John

Stop Date: 09-09-2006

RX #: 250578566

Lovastatin 20MG Tab 30.00

Take 1 tablet(s) by mouth daily

| Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
|----------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 12/16/05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Start Date: 09-10-2005

Prescriber: Barnett, John

Stop Date: 09-09-2006

RX #: 250578567

Docusate Sodium 100MG Cap
60.00

Take 1 capsule(s) by mouth twice daily

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|---|---|---|---|---|---|---|---|----|----|-----------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|
| our | | | | | | | | | | | RX #: 250578567 | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | | |
| 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Start Date: 09-10-2005

Prescriber: Barnett, John

Stop Date: 09-09-2006

RX #: 250578575

Prazosin HCl 1MG Cap 120.00

Take 2 capsule(s) by mouth twice daily

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------|--------------|---|---|---|---|---|---|---|---|-----------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 12-16-2006 | | | | | | | | | | RX #: 250578575 | | | | | | | | | | | | | | | | | | | | | |
| hr | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| | Robert Jones | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 176 (5'120) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Start Date: 02-01-2006 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Start Date: 09-01-2005

Prescriber: Peasant, John

Stop Date: 08-31-2006

RX #: 250531058

Fiber-Lax 625MG Tab 60.00

Take 1 tablet(s) by mouth twice daily

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------|---|---|---|---|---|---|---|---|----|-----------------|----|----|----|----|----|----|----|----|----|---------------|----|----|----|----|----|----|----|----|----|----|
| 05-31-2006 | | | | | | | | | | RX #: 250531058 | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| <u>Blank</u> | | | | | | | | | | <u>Blank</u> | | | | | | | | | | <u>Blank</u> | | | | | | | | | | |
| 12/16/05 (60) | | | | | | | | | | | | | | | | | | | | 12/16/05 (60) | | | | | | | | | | |
| Start Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Start Date: 09-10-2005

Prescriber: Peasant, John

Stop Date: 09-09-2006

RX #: 250578569

Diagnosis

Allergies

Housing Unit: Population

Patient ID Number: 167644

Patient Name:

McCray, Robert

Nurse's Signature

Initial

Nurse's Signature

Initial

Documentation Codes

1. Discontinued Order
2. Refused
3. Patient out of facility
4. Charted in Error
5. Lock Down
6. Self Administered
7. Medication out of Stock

| Facility Name: Staton Correctional Facility | | Month/Year of Charting: 12/05 | |
|---|-------------------|---|--|
| Aspirin EC 325MG EC Tab | 30.00 | Hour | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 |
| Take 1 tablet(s) by mouth daily | | <div> <div> <div>Start Date: 09-10-2005</div> <div>Stop Date: 09-09-2006</div> </div> <div> <div>Prescriber: Peasant, John</div> <div>RX #: 250578573</div> </div> </div> | |
| Flomax 0.4MG Cap SR 24HR | 30.00 | Hour | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 |
| Take 1 capsule(s) by mouth daily | | <div> <div> <div>Start Date: 10-21-2005</div> <div>Stop Date: 10-20-2006</div> </div> <div> <div>Prescriber: Peasant, John</div> <div>RX #: 250804826</div> </div> </div> | |
| | | Hour | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 |
| | | <div> <div> <div>Start Date:</div> <div>Stop Date:</div> </div> <div> <div>Prescriber:</div> <div>RX #:</div> </div> </div> | |
| | | Hour | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 |
| | | <div> <div> <div>Start Date:</div> <div>Stop Date:</div> </div> <div> <div>Prescriber:</div> <div>RX #:</div> </div> </div> | |
| | | Hour | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 |
| | | <div> <div> <div>Start Date:</div> <div>Stop Date:</div> </div> <div> <div>Prescriber:</div> <div>RX #:</div> </div> </div> | |
| | | Hour | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 |
| | | <div> <div> <div>Start Date:</div> <div>Stop Date:</div> </div> <div> <div>Prescriber:</div> <div>RX #:</div> </div> </div> | |
| Diagnosis | Nurse's Signature | Initial | Documentation Codes |
| Allergies | | | 1. Discontinued Order 2. Refused 3. Patient out of facility 4. Charted in Error 5. Lock Down 6. Self Administered 7. Medication out of Stock |
| Housing Unit: Population | | | |
| Patient ID Number: 167644 | | | |
| Patient Name: | | | |

Facility Name: Staton Correctional FacilityMonth/Year of Charting: 11/05Diltiazem HCl Coated Beads / 240MG /
Cap SR 24HR / [] 30.00

Take 1 capsule(s) by mouth daily

| Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
|------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| CA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Start Date: 09-10-2005

Prescriber: Barnett, John

Stop Date: 09-09-2006

RX #: 250583059

Atenolol 50MG Tab 30.00

Take 1 tablet(s) by mouth daily

| Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
|------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| CA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Start Date: 09-10-2005

Prescriber: Barnett, John

Stop Date: 09-09-2006

RX #: 250578566

Lovastatin 20MG Tab 30.00

Take 1 tablet(s) by mouth daily

| Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
|------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| CA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Start Date: 09-10-2005

Prescriber: Barnett, John

Stop Date: 09-09-2006

RX #: 250578567

Docusate Sodium 100MG Cap
60.00

Take 1 capsule(s) by mouth twice daily

| | | | | | | | | | | | RX #: 250578567 | | | | | | | | | | | | | | | | | | | | | |
|------|---|---|---|---|---|---|---|---|---|----|-----------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| CA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Start Date: 09-10-2005

Prescriber: Barnett, John

Stop Date: 09-09-2006

RX #: 250578575

Flomax 0.4MG Cap SR 24HR 30.00

Take 1 capsule(s) by mouth daily

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------|--|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| RX #: 250578575 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| CA | <div>Signature: [Handwritten Signature]</div> <div>#30 11/24/05 hr</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Start Date: 09-01-2005 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Start Date: 09-01-2005

Prescriber: Peasant, John

Stop Date: 08-31-2006

RX #: 250531055

Prazosin HCl 1MG Cap 120.00

Take 2 capsule(s) by mouth twice daily

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| CA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Start Date: 09-01-2005

Prescriber: Peasant, John

Stop Date: 08-31-2006

RX #: 250531058

Diagnosis

Allergies

Housing Unit: Population

Patient ID Number: 167644

Patient Name:

Nurse's Signature

Initial

Nurse's Signature

Initial

Documentation Codes

1. Discontinued Order
2. Refused
3. Patient out of facility
4. Charted in Error
5. Lock Down
6. Self Administered
7. Medication out of Stock

Facility Name: **Staton Correctional Facility**Month/Year of Charting: **11/05**

Fiber-Lax 625MG Tab 60.00

Take 1 tablet(s) by mouth twice daily

| Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
|------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
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Start Date: **09-10-2005**Prescriber: **Peasant, John**Stop Date: **09-09-2006**RX #: **250578569**

Aspirin EC 325MG EC Tab 30.00

Take 1 tablet(s) by mouth daily

| Hour | | | | | | | | | | RX #: 2505/8569 | | | | | | | | | | | | | | | | | | | | |
|------|---|---|---|---|---|---|---|---|----|-----------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
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Start Date: **09-10-2005**Prescriber: **Peasant, John**Stop Date: **09-09-2006**RX #: **250578573**

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Start Date:

Prescriber:

Stop Date:

RX #:

| RX #: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
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Start Date:

Prescriber:

Stop Date:

RX #:

Diagnosis

Allergies

Housing Unit: **Population**Patient ID Number: **167644**

Patient Name:

Nurse's Signature

Initial

Nurse's Signature

Initial

Documentation Codes

1. Discontinued Order
2. Refused
3. Patient out of facility
4. Charted in Error
5. Lock Down
6. Self Administered
7. Medication out of Stock

0/20/2005 10:51 FAX 3343958156

REGIONAL OFFICE

→ STATON

001/003
003/003

/19/2005 WED 15:17 FAX 334 538 Staton Health Unit

NON-FORMULARY PHARMACY REQUEST FORM
Form must be complete and legible. You must Type or Print.

PHS

(2)

(3)

RECEIVED

Site Name and Number

A-452-STATON

Site Phone #

567-1548

Site Fax #

567-1538

Patient Name: (Last, First)

McCray Robert

Inmate #

167644

SPP ID #

A-452

Today's Date: (mm/dd/yy)

10-19-05

Date of Birth: (mm/dd/yy)

PHS Custody Date

Diagnosis

Obstructive Urology by 2nd Prost. X

Medication Allergies

Catapress

Requested Non-Formulary and Strength:

Flonax 0.4mg SR

Directions:

i po qd x 365d (KOP)

Duration of Therapy:

(Maximum approval is 90 days per request)

☐ 7 days ☐ 10 days ☐ 30 days ☐ 60 days ☐ 90 days ☒ Other 365d

Justification for this non-formulary drug. Include previous therapeutic interventions including lifestyle changes.

Pt. C. CA of prostate - pt on Flonax &
 HTO & 1/2 Shrink. prostate
 - Pt anticipate Radiation implant
 - Pt has been seen by Urology & this is a single.

Compliance: ☐ > 80% ☐ < 80% (Determined by Review of MAR)

Practitioner Information:

☒ Physician☐ NP/PA☐ Dentist

Name:

Jm Pleasant

Signature:

Jm Pleasant

Daytime Phone:

334-567-1548

Pager Number:

It is the prescribing practitioner's personal responsibility to verify all of the above facts. Incomplete non-formulary requests will not be reviewed. Any delay in therapy caused by an incomplete non-formulary request is the responsibility of the prescribing practitioner. Federal approval is acceptable if the prescribing practitioner is not available.

Determination:

☒ Approved☐ Additional information requested☐ Alternative clinical rationale

Corporate/Regional Medical Director/Designee

Name:

Date:

Signature:

Dr. Michael R. Poirer

Region

NON-FORMULARY PHARMACY REQUEST FORM

Form must be complete and legible. You must Type or Print.

PHS

Site Name and Number

A-452-STATION

Site Phone #

567-1548

Site Fax #

567-1538

Patient Name: (Last, First)

McCray Robert

Inmate #

167644

SPP ID #

A-452

Today's Date: (mm/dd/yy)

10-19-05

Date of Birth: (mm/dd/yy)

[REDACTED]

PHS Custody Date

Diagnosis

Obstructive Urethry by 2nd prostate X

☒ Male☐ Female

Medication Allergies

Catapress

Requested Non-Formulary and Strength:

Flonax 0.4mg SR

Directions:

T po qd X 365d (KCP)

Duration of Therapy:

(Maximum approval is 90 days per request)

☐ 7 days ☐ 10 days ☐ 30 days ☐ 60 days ☐ 90 days ☒ Other

Justification for this non-formulary drug. Include previous therapeutic interventions including lifestyle changes.

pt c/o prostate - pt on Flonax & HTO to shrink prostate - pt anticipates Radical prostatectomy implant - pt has been seen by Urology & this is a sample

Compliance: ☐ > 80% ☐ < 80% (Determined by Review of MAR)

Practitioner Information:

☒ Physician☐ NP/PA☐ Dentist

Name:

Jm Pleasant

Signature:

Pager Number:

It is the prescribing practitioner's personal responsibility to legibly fill out all of the above fields. Incomplete non-formulary requests will not be reviewed. Any delay in therapy caused by an incomplete/legible non-formulary request is the responsibility of the prescribing practitioner. Verbal approval is acceptable if the prescribing practitioner is not available.

Determination:

☐ Approved☐ Additional information requested☐ Alternative clinical rationale

Corporate/Regional Medical Director/Designee

Name:

Signature: _____

Date:

Region: NON-FORMULARY PHARMACY REQUEST FORM

Form must be complete and legible. You must Type or Print

PHS

Site Name and Number

Patient Name: (Last, First)

Today's Date: (mm/dd/yy)

STATION CA-452

McCrory, Robert

1/28/05

Site Phone #

Inmate #

Date of Birth: (mm/dd/yy)

Site Fax #

SPP ID #

PHS Custody Date

Diagnosis

Obstructive Voiding sx 2° to Prostate CA

☐ Male☐ Female

Medication Allergies

Captopress

Requested Non-Formulary and Strength:

Plomax 4mg QID x 90 days HOP

Directions:

Duration of Therapy:

(Maximum approval is 90 days per request)

☐ 7 days ☐ 10 days ☐ 30 days ☐ 60 days ☐ 90 days ☐ Other

Justification for this non-formulary drug. Include previous therapeutic interventions including lifestyle changes.

Obstructive voiding sx on Prosofin
Hx of Prostate CA / relieving tx of this now
This is a refillCompliance: ☐ > 80% ☐ < 80% (Determined by Review of MAR)

Practitioner Information:

☐ Physician☒ NP/PA☐ Dentist

Name:

MS Arthur DAE

Signature:

[Signature]

Daytime Phone:

Pager Number:

It is the prescribing practitioner's personal responsibility to legibly fill out all of the above fields. Incomplete non-formulary requests will not be reviewed. Any delay in therapy caused by an incomplete/illegible non-formulary request is the responsibility of the prescribing practitioner. Verbal approval is acceptable if the prescribing practitioner is not available.

Determination:

☐ Approved☐ Additional information requested☐ Alternative clinical rationale

Corporate/Regional Medical Director/Designee

Name:

Signature:

Date:

07/22/2005 14:07 FAX 3343958156

REGIONAL OFFICE

→ STATON

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07/21/2005 THU 20:46 FAX 334 1538 Staton Health Unit

Region:

~~NON-FORMULARY PHARMACY REQUEST FORM~~

Form must be complete and legible. You must Type or Print.

PHS

Site Name and Number

Patient Name: (Last, First)

Today's Date: (mm/dd/yy)

STATON CA-452

McCray, Robert

7-19-05

Site Phone #

Imate #

Date of Birth: (mm/dd/yy)

334 567 1548

167644

Site Fax #

SPP ID #

PHS Custody Date

334 567 1538

Diagnosis

Prostate CA

☒ Male☐ Female

Medication Allergies

hypersensitivity - Catapress

Requested Non-Formulary and Strength:

Flomax 0.4 mg BID

Direction:

Duration of Therapy:

(Maximum approval is 90 days per request)

☐ 7 days ☐ 10 days ☐ 30 days ☐ 60 days ☒ 90 days ☐ Other

Justification for this non-formulary drug. Include previous therapeutic interventions including lifestyle changes.

Been on Flomax 0.4 mg QD - Cnts E frequency,
Nocturia x 7/nightCompliance: ☒ 80% ☐ < 80% (Determined by Review of MAR)

Practitioner Information:

☐ Physician☒ NNP/PA☐ Dentist

Name:

Lasatucrnp

Signature:

Daytime Phone:

334 567-1548

Pager Number:

It is the prescribing practitioner's personal responsibility to legibly fill out all of the above fields. Incomplete non-formulary requests will not be reviewed. Any delay in therapy caused by an incomplete non-formulary request is the responsibility of the prescribing practitioner. Medical approvals acceptable if the prescribing practitioner is not available.

Determination:

☒ Approved☐ Additional information requested☐ Alternative clinical rationale

Corporate/Regional Medical Director/Designee

Will Mosier, MD

Name:

Signature:

Date:

7/22/05

7/26/2005 11:25 FAX 3343958156

REGIONAL OFFICE

→ STATON

004
003/006

07/22/2005 FRI 12:43 FAX 334 1538 Staton Health Unit

Region: 1 **NON-FORMULARY PHARMACY REQUEST FORM**

Form must be complete and legible. You must Type or Print.

PHS

| | | |
|--|---|--|
| Site Name and Number: STATON CA-452 | Patient Name: (Last, First) McCray Robert | Today's Date: (mm/dd/yy) 7-19-05 |
| Site Phone #: 334 567 1548 | Inmate #: 167644 | Date of Birth: (mm/dd/yy) [REDACTED] |
| Site Fax #: 334 567 1538 | SPP ID #: [REDACTED] | PHS Custody Date: [REDACTED] |
| Diagnosis: Prostate CA | | Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |
| Medication Allergies: hypersensitivity - Catapress | | |
| Requested Non-Formulary and Strength: Flomax 0.4mg BID | | |
| Duration of Therapy: (Maximum duration: 90 days per request) <input type="checkbox"/> 7 days <input type="checkbox"/> 10 days <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input checked="" type="checkbox"/> 90 days <input type="checkbox"/> Other | | |
| Justification for this non-formulary drug. Include previous therapeutic interventions including lifestyle changes. Been on Flomax 0.4mg QD - Cnts & frequency, not cur x 7/mo | | |
| Compliance: <input checked="" type="checkbox"/> 100% <input type="checkbox"/> < 100% (Determined by Review of MAR) | | |
| Practitioner Information: <input type="checkbox"/> Physician <input checked="" type="checkbox"/> NRE/PA <input type="checkbox"/> Dentist | | |
| Name: Shantel CRP | Signature: [Signature] | |
| Daytime Phone: 334 567-1548 | Pager Number: [REDACTED] | |

It is the prescribing practitioner's personal responsibility to legibly fill out all of the above fields. Incomplete non-formulary requests will not be reviewed. Any delay in therapy caused by an incomplete non-formulary request is the responsibility of the prescribing practitioner. Manual approval is acceptable if the prescribing practitioner is not available.

| |
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| Determination: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Additional information requested <input type="checkbox"/> Alternative clinical rational |
| Corporate/Regional Medical Director/Designee |
| Name: [REDACTED] Signature: [Signature] |
| Date: 7/23/05 |

Region:

NON-FORMULARY PHARMACY REQUEST

Form must be complete and legible. You must Type or Print.

PHS

Site Name and Number

STATION CA-452

Site Phone #

334 567 1548

Site Fax #

334 567 1538

Patient Name: (Last, First)

McCray, Robert

Inmate #

167641

SPP ID #

Today's Date: (mm/dd/yy)

7-19-05

Date of Birth: (mm/dd/yy)

[REDACTED]

PHS Custody Date

Diagnosis

Prostate CA

☒ Male☐ Female

Medication Allergies

hypersensitivity - Catapress

Requested Non-Formulary and Strength:

Flomax 0.4 mg BID

Directions:

Duration of Therapy:

(Maximum approval is 90 days per request)

☐ 7 days ☐ 10 days ☐ 30 days ☐ 60 days ☒ 90 days ☐ Other

Justification for this non-formulary drug. Include previous therapeutic interventions including lifestyle changes.

Been on Flomax 0.4 mg QD - Cmts: e frequency, notaria x 7/night

Compliance:

☒ > 80%☐ < 80%

(Determined by Review of MAR)

Practitioner Information:

☐ Physician☒ NP/PA☐ Dentist

Name:

LasatucRNP

Signature:

LasatucRNP

Daytime Phone:

334 567-1548

Pager Number:

It is the prescribing practitioner's personal responsibility to legibly fill out all of the above fields. Incomplete non-formulary requests will not be reviewed. Any delay in therapy caused by an incomplete/legible non-formulary request is the responsibility of the prescribing practitioner. Verbal approval is acceptable if the prescribing practitioner is not available.

Determination:

☐ Approved☐ Additional information requested☐ Alternative clinical rationale




Corporate/Regional Medical Director/Designee

Name:

Signature:

Date:

Christina
10/28/08

| | | | | | | | | | | | |
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II of II

| Facility Name: Staton Correctional Facility | | Month/Year of Charting: 10/05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------|-------------------------------|---|---|---|---|---|---|---|---|----|---------------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| Diltiazem HCl Coated Beads / 240MG / Cap SR 24HR / [] 30.00 | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| Take 1 capsule(s) by mouth daily | WA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| KOP NS | | Start Date: 09-10-2005 | | | | | | | | | | Prescriber: Barnett, John | | | | | | | | | | | | | | | | | | | | | |
| | | Stop Date: 09-09-2006 | | | | | | | | | | RX #: 250583059 | | | | | | | | | | | | | | | | | | | | | |
| Atenolol 50MG Tab 30.00 | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| Take 1 tablet(s) by mouth daily | WA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| KOP NS | | Start Date: 09-10-2005 | | | | | | | | | | Prescriber: Barnett, John | | | | | | | | | | | | | | | | | | | | | |
| | | Stop Date: 09-09-2006 | | | | | | | | | | RX #: 250578566 | | | | | | | | | | | | | | | | | | | | | |
| Lovastatin 20MG Tab 30.00 | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| Take 1 tablet(s) by mouth daily | WA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| KOP NS | | Start Date: 09-10-2005 | | | | | | | | | | Prescriber: Barnett, John | | | | | | | | | | | | | | | | | | | | | |
| | | Stop Date: 09-09-2006 | | | | | | | | | | RX #: 250578567 | | | | | | | | | | | | | | | | | | | | | |
| Docusate Sodium 100MG Cap 60.00 | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| Take 1 capsule(s) by mouth twice daily | WA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| KOP NS | | Start Date: 09-10-2005 | | | | | | | | | | Prescriber: Barnett, John | | | | | | | | | | | | | | | | | | | | | |
| | | Stop Date: 09-09-2006 | | | | | | | | | | RX #: 250578575 | | | | | | | | | | | | | | | | | | | | | |
| Flomax 0.4MG Cap SR 24HR 30.00 | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| Take 1 capsule(s) by mouth daily | WA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| KOP NS | | Start Date: 09-01-2005 | | | | | | | | | | Prescriber: Peasant, John | | | | | | | | | | | | | | | | | | | | | |
| | | Stop Date: 08-31-2006 | | | | | | | | | | RX #: 250531055 | | | | | | | | | | | | | | | | | | | | | |
| Prazosin HCl 1MG Cap 120.00 | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| Take 2 capsule(s) by mouth twice daily | WA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| KOP NS | | Start Date: 09-01-2005 | | | | | | | | | | Prescriber: Peasant, John | | | | | | | | | | | | | | | | | | | | | |
| | | Stop Date: 08-31-2006 | | | | | | | | | | RX #: 250531058 | | | | | | | | | | | | | | | | | | | | | |

| | | | | | |
|-----------------------------|-------------------|---------|-------------------|---------|----------------------------|
| Diagnosis | Nurse's Signature | Initial | Nurse's Signature | Initial | Documentation Codes |
| Allergies | Chen | CS | NS | NS | 1. Discontinued Order |
| Housing Unit: Population | | | | | 2. Refused |
| Patient ID Number: 167644 | | | | | 3. Patient out of facility |
| Patient Name: McCray Robert | | | | | 4. Charted in Error |
| | | | | | 5. Lock Down |
| | | | | | 6. Self Administered |
| | | | | | 7. Medication out of Stock |
| | | | | | 8. Medication Held |
| | | | | | No Show |
| | | | | | Other |

| Facility Name: Staton Correctional Facility | | | | | | | | | | Month/Year of Charting: 09/05 | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|----|----|----|----|---------|----|----|----|----|-------------------|----|----|----|----|---------|----|----|----|----|--|----|--|--|--|
| Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | | | |
| Flomax 0.4MG Cap SR 24HR 60.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Take 1 capsule(s) by mouth twice daily x 365 days KOP | | | | | | | | | | <div style="text-align: right;">#30 9/19/05 JH</div> <div style="text-align: right;">#30</div> | | | | | | | | | | | | | | | | | | | | | | | | |
| Start Date: 07-26-2005 8/30/05 | | | | | | | | | | Prescriber: Lassiter, Lisa | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop Date: 10-23-2005 8/30/06 | | | | | | | | | | RX #: 250279057 | | | | | | | | | | | | | | | | | | | | | | | | |
| Prevacid (minipres) 0.2mg i po daily x 365 days KOP | | | | | | | | | | <div style="text-align: right;">Robert J. MacLean</div> <div style="text-align: right;">#120 8/13/05 JH</div> | | | | | | | | | | | | | | | | | | | | | | | | |
| Start Date: 8/4/05 8/30/05 | | | | | | | | | | Prescriber: Peasant, f | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop Date: 11/24/05 8/30/06 | | | | | | | | | | RX #: | | | | | | | | | | | | | | | | | | | | | | | | |
| Atenolol 50mg i tab QD x 365 days KOP | | | | | | | | | | <div style="text-align: right;">Robert J. MacLean</div> <div style="text-align: right;">#30 9/14/05 JH</div> | | | | | | | | | | | | | | | | | | | | | | | | |
| Start Date: 8/30/05 | | | | | | | | | | Prescriber: Peasant | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop Date: 9/30/06 | | | | | | | | | | RX #: | | | | | | | | | | | | | | | | | | | | | | | | |
| Lovastatin 20mg QD i tablet x 365 days | | | | | | | | | | <div style="text-align: right;">Robert J. MacLean</div> <div style="text-align: right;">#30 9/14/05 JH</div> | | | | | | | | | | | | | | | | | | | | | | | | |
| Start Date: 8/30/05 | | | | | | | | | | Prescriber: Peasant | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop Date: 9/30/06 | | | | | | | | | | RX #: | | | | | | | | | | | | | | | | | | | | | | | | |
| Fiber box 65mg tab i BID x 365 days | | | | | | | | | | <div style="text-align: right;">Robert J. MacLean</div> <div style="text-align: right;">#60 9/14/05 JH</div> | | | | | | | | | | | | | | | | | | | | | | | | |
| Start Date: 8/30/05 | | | | | | | | | | Prescriber: Peasant | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop Date: 9/30/06 | | | | | | | | | | RX #: | | | | | | | | | | | | | | | | | | | | | | | | |
| ASA 625 mg i tab QD enteric coated x 365 days | | | | | | | | | | <div style="text-align: right;">Robert J. MacLean</div> <div style="text-align: right;">#30 9/14/05 JH</div> | | | | | | | | | | | | | | | | | | | | | | | | |
| Start Date: 8-30-05 | | | | | | | | | | Prescriber: Peasant | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop Date: 9-30-06 | | | | | | | | | | RX #: | | | | | | | | | | | | | | | | | | | | | | | | |
| Diagnosis | | | | | | | | | | Nurse's Signature | | | | | Initial | | | | | Nurse's Signature | | | | | Initial | | | | | Documentation Codes | | | | |
| | | | | | | | | | | Crewse | | | | | a | | | | | J. Williams Jr | | | | | | | | | | 1. Discontinued Order 2. Refused 3. Patient out of facility 4. Charted in Error 5. Lock Down 6. Self Administered 7. Medication out of Stock 8. Medication Held 9. No Show | | | | |
| Allergies | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Housing Unit: Population | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient ID Number: 167644 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

II of II

| Facility Name: | | Month/Year of Charting: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----|-------------------------|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| Docusate Sodium 100 mg $\frac{1}{2}$ capsule BID x 365 days KOP | CA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | UP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Start Date: 8-30-05 | | Prescriber: Pleasant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop Date: 9-30-06 | | RX #: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Omeprazole HCl 20 mg SA 24" $\frac{1}{2}$ capsule x 365 days KOP | CA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | UP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Start Date: 8-30-05 | | Prescriber: Pleasant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop Date: 9-30-06 | | RX #: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | CA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | UP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Start Date: | | Prescriber: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop Date: | | RX #: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | CA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | UP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Start Date: | | Prescriber: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop Date: | | RX #: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | CA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | UP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Start Date: | | Prescriber: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop Date: | | RX #: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | CA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | UP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Start Date: | | Prescriber: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop Date: | | RX #: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Diagnosis | Nurse's Signature | Initial | Nurse's Signature | Initial | Documentation Codes |
|--------------------|-------------------|---------|-------------------|---------|---|
| Allergies | Chasen | ca | | | 1. Discontinued Order 2. Refused 3. Patient out of facility 4. Charted in Error 5. Lock Down 6. Self Administered 7. Medication out of Stock 8. Medication Held 9. No Show 10. Other |
| Housing Unit: | | | | | |
| Patient ID Number: | 161644 | | | | |
| Patient Name: | | | | | |
| Date of Birth: | | | | | |

ALABAMA DEPARTMENT OF CORRECTIONS

PROBLEM LIST

INMATE NAME McCray Robert AIS# 167644Medication Allergies: Catapres (hypersensitive to it)Medical: Chronic (Long-Term) Problems
Roman Numerals for Medical/SurgicalMental Health Code: SMI HARM HIST NONE
Capital Letter for Psychiatric Behavior

| Date Identified | Chronic Medical Problem | Mental Health Code | Date Resolved | Provider Initials |
|-----------------|-------------------------|--------------------|---------------|-------------------|
| updated 12/2/05 | Prostate CA | | | [Signature] |
| | HTN | | | |
| | Dyslipidemia | | | |
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**If Asthmatic label: Mild – Moderate – or Severe.

| Facility Name: Staton Correctional Facility | | | | | | | | | | Month/Year of Charting: 08/05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|-------------------------------|----|----|----|----|----|----|----|----|----|---------|----|----|----|----|----|----|----|----|----|--|----|--|--|--|--|--|--|--|--|
| Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | | | | | | | | |
| Atenolol 50MG Tab 20.00 | | | | | | | | | | KA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TAKE 1 TABLET(S) BY MOUTH DAILY *KEEP ON PERSON* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| KOP | | | | | | | | | | refused 8/30/05 x 365 days | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Start Date: 01-21-2005 8/30/05 | | | | | | | | | | Prescriber: McArthur, Donald | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop Date: 08-08-2005 8/30/06 | | | | | | | | | | RX #: 6827831 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lovastatin 20MG Tab 20.00 | | | | | | | | | | KA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TAKE 1 TABLET(S) BY MOUTH DAILY *KEEP ON PERSON* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| KOP | | | | | | | | | | refused 8/30/05 x 365 days | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Start Date: 01-21-2005 8/30/05 | | | | | | | | | | Prescriber: McArthur, Donald | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop Date: 08-08-2005 8/30/06 | | | | | | | | | | RX #: 6827847 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fiber-Lax 625MG Tab 40.00 | | | | | | | | | | KA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TAKE 1 TABLET(S) BY MOUTH TWICE DAILY *KEEP ON PERSON* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| KOP | | | | | | | | | | refused 8/30/05 x 365 days | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Start Date: 01-21-2005 8/30/05 | | | | | | | | | | Prescriber: McArthur, Donald | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop Date: 08-08-2005 8/30/06 | | | | | | | | | | RX #: 6827878 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aspirin 325MG Tab 0 | | | | | | | | | | KA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TAKE 1 TABLET(S) BY MOUTH DAILY *DO NOT CRUSH* *KEEP ON PERSON* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Enteric Coated KOP | | | | | | | | | | refused 8/30/05 x 365 days | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Start Date: 01-21-2005 8/30/05 | | | | | | | | | | Prescriber: McArthur, Donald | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop Date: 08-08-2005 8/30/06 | | | | | | | | | | RX #: 6827957 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Docusate Sodium 100MG Cap 50.00 | | | | | | | | | | KA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TAKE 1 CAPSULE(S) BY MOUTH TWICE DAILY *KEEP ON PERSON* *DO NOT CRUSH* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| KOP | | | | | | | | | | refused 8/30/05 x 365 days | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Start Date: 01-21-2005 8/30/05 | | | | | | | | | | Prescriber: McArthur, Donald | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop Date: 08-08-2005 8/30/06 | | | | | | | | | | RX #: 6828159 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diltiazem HCl CR 240MG Cap SR 24HR 0.00 | | | | | | | | | | KA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TAKE 1 CAPSULE(S) BY MOUTH DAILY KEEP ON PERSON* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| KOP | | | | | | | | | | refused 8/30/05 x 365 days | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Start Date: 05-04-2005 8/30/05 | | | | | | | | | | Prescriber: McArthur, Donald | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop Date: 08-11-2005 8/30/06 | | | | | | | | | | RX #: 7350211 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diagnosis | | | | | | | | | | Nurse's Signature | | | | | | | | | | Initial | | | | | | | | | | Documentation Codes | | | | | | | | | |
| Allergies | | | | | | | | | | Clemens | | | | | | | | | | C | | | | | | | | | | 1. Discontinued Order 2. Refused 3. Patient out of facility 4. Charted in Error 5. Lock Down 6. Self Administered 7. Medication out of Stock 8. Medication Held 9. No Show | | | | | | | | | |
| Housing Unit: Population | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient ID Number: 167644 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Name: McCray, Robert | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Facility Name: Staton Correctional Facility

Month/Year of Charting: 08/05

Flomax 0.4MG Cap SR 24HR 30.00

TAKE 1 CAPSULE(S) BY MOUTH DAILY
 KEEP ON PERSON **NON-
 FORMULARY APPROVED UNTIL 8-10-
 05 *DO NOT CRUSH*

KOP

| Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
|------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| 6A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Start Date: 05-13-2005

Prescriber: McArthur, Donald

Stop Date: 08-10-2005

RX #: 7398720

Prazosin (Minipres)
 2mg i BID KOP

| Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
|------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| 6A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Start Date:

Prescriber:

Stop Date:

RX #:

Prazosin (Minipres)
 0.2mg '1 PD daily
 x 100 days 365 day

| Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
|------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| 6AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Start Date: 8-30-05

Prescriber: Pearant

Stop Date: 9-30-05

RX #:

8/30/05 - 9/30/05 -

| Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
|------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Start Date:

Prescriber:

Stop Date:

RX #:

| Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
|------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Start Date:

Prescriber:

Stop Date:

RX #:

| Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
|------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Start Date:

Prescriber:

Stop Date:

RX #:

Diagnosis

Nurse's Signature

Initial

Nurse's Signature

Initial

Documentation Codes

Allergies

1. Discontinued Order
2. Refused
3. Patient out of facility
4. Charted in Error
5. Lock Down
6. Self Administered
7. Medication out of Stock
8. Medication Held
9. No Show

Housing Unit: Population

Patient ID Number: 167644

Patient Name:

Mccray, Robert

MEDICATION ADMINISTRATION RECORD

STD01

MEDICATIONS

HOUR

Flomax 0.4mg i PO
 BID x 90 days

K 6A
 P 6P

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

THROUGH

ARTING FOR

/sician

Physician

rgies

gnosis

Telephone No.

Alt. Telephone

Medical Record No.

Rehabilitative
Potential

icaid Number

Medicare Number

Complete Entries Checked

By:

Date:

PATIENT CODE

ROOM NO.

BED NO.

MEDICATION ADMINISTRATION RECORD

07/01/2005

STD701

(STA-452) STATION CORRECTIONAL FAC

| MEDICATIONS | HOUR | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 |
|--|------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| ATENOLOL (TENORMIN) 50MG TAB TAKE 1 TABLET(S) BY MOUTH DAILY *KEEP ON PERSON* LA RX: 6827831 MCARTHUR, P.A., DONALD, PA START - 01/21/2005 STOP - 08/08/2005 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LOVASTATIN (MEVACOR) 20MG TAB TAKE 1 TABLET(S) BY MOUTH DAILY *KEEP ON PERSON* LA RX: 6827847 MCARTHUR, P.A., DONALD, PA START - 01/21/2005 STOP - 08/08/2005 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FIBER-LAX (CARDS) 625MG TAB TAKE 1 TABLET(S) BY MOUTH TWICE DAILY *KEEP ON PERSON* LA RX: 6827878 MCARTHUR, P.A., DONALD, PA START - 01/21/2005 STOP - 08/08/2005 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENTERIC COATED ASPIRIN 325MG TAB TAKE 1 TABLET(S) BY MOUTH DAILY *DO NOT CRUSH* *KEEP ON PERSON* LA RX: 6827757 MCARTHUR, P.A., DONALD, PA START - 01/21/2005 STOP - 08/08/2005 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOCLASATE SOD (COLACE) (CARDS) 100MG CAP TAKE 1 CAPSULE(S) BY MOUTH TWICE DAILY *KEEP ON PERSON* *DO NOT CRUSH* LA RX: 6828159 MCARTHUR, P.A., DONALD, PA START - 01/21/2005 STOP - 08/08/2005 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRazosin (MINIPRESS) 2MG CAP TAKE 1 CAPSULE(S) BY MOUTH TWICE DAILY *KEEP ON PERSON* LA RX: 7004393 WILLIAMS, M.D., WINFRED, MD START - 02/24/2005 STOP - 07/27/2005 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DILTIAZEM-XT (CARDIZEM-CD) 90" 240MG CAP TAKE 1 CAPSULE(S) BY MOUTH DAILY *KEEP ON PERSON* LA RX: 7350211 MCARTHUR, P.A., DONALD, PA START - 05/04/2005 STOP - 08/11/2005 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FLORAX (TAMBULOSIN) 0.4MG CAP TAKE 1 CAPSULE(S) BY MOUTH DAILY *KEEP ON PERSON* *NON-FORTULARY APPROVED UNTIL 8-10-05 *DO NOT CRUSH* LA RX: 7398720 MCARTHUR, P.A., DONALD, PA START - 05/13/2005 STOP - 08/10/2005 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

| | |
|--|--------------------------|
| CHARTING FOR 07/01/2005 THROUGH 07/31/2005 | |
| Physician MCARTHUR, P.A., DONALD | Telephone No. |
| Alt. Physician | Alt. Telephone |
| ergies NONE KNOWN | Rehabilitative Potential |
| Diagnosis | |
| Medicaid Number | Medicare Number |
| Complete Entries Checked | |
| By: <i>[Signature]</i> | Title: RN |
| PATIENT CODE | ROOM NO. |
| BED FACILITY | Date: 07/31/05 |

MEDICATION ADMINISTRATION RECORD

06/01/2005

(STA-432) STATON CORRECTIONAL FAC

STDT01

| MEDICATIONS | HOUR | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 |
|--|------|--|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| TENOLOL (TENORMIN) 50MG TAB TAKE 1 TABLET(S) BY MOUTH DAILY *KEEP ON PERSON* RX: 6827831 MCARTHUR, P.A., DONALD, PA START - 01/21/2005 STOP - 08/08/2005 | 6A | <div style="display: flex; justify-content: space-between;"> → 1/1 PM </div> <div style="display: flex; justify-content: space-between;"> KOP 6-9-05 up </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LOVASTATIN (MEVACOR) 20MG TAB TAKE 1 TABLET(S) BY MOUTH DAILY *KEEP ON PERSON* RX: 6827847 MCARTHUR, P.A., DONALD, PA START - 01/21/2005 STOP - 08/08/2005 | 6A | <div style="display: flex; justify-content: space-between;"> → 1/1 PM </div> <div style="display: flex; justify-content: space-between;"> KOP 6-9-05 up </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FIBER-LAX (CARD) 625MG TAB TAKE 1 TABLET(S) BY MOUTH TWICE DAILY *KEEP ON PERSON* RX: 6827878 MCARTHUR, P.A., DONALD, PA START - 01/21/2005 STOP - 08/08/2005 | 6A | <div style="display: flex; justify-content: space-between;"> → 1/1 PM </div> <div style="display: flex; justify-content: space-between;"> KOP 6-9-05 up </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENTERIC COATED ASPIRIN 325MG TAB TAKE 1 TABLET(S) BY MOUTH DAILY *DO NOT CRUSH* *KEEP ON PERSON* RX: 6827957 MCARTHUR, P.A., DONALD, PA START - 01/21/2005 STOP - 08/08/2005 | 6A | <div style="display: flex; justify-content: space-between;"> → 1/1 PM </div> <div style="display: flex; justify-content: space-between;"> KOP 6-9-05 up </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOCUSATE 500 (COLACE) (CAPS) 100MG CAP TAKE 1 CAPSULE(S) BY MOUTH TWICE DAILY *KEEP ON PERSON* *DO NOT CRUSH* RX: 6828159 MCARTHUR, P.A., DONALD, PA START - 01/21/2005 STOP - 08/08/2005 | 6A | <div style="display: flex; justify-content: space-between;"> → 1/1 PM </div> <div style="display: flex; justify-content: space-between;"> KOP 6-9-05 up </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRazosin (MINIPRESS) 2MG CAP TAKE 1 CAPSULE(S) BY MOUTH TWICE DAILY *KEEP ON PERSON* RX: 7004393 WILLIAMS, M.D., WINFRED, MD START - 02/24/2005 STOP - 07/27/2005 | 6A | <div style="display: flex; justify-content: space-between;"> → 1/1 PM </div> <div style="display: flex; justify-content: space-between;"> KOP 6-9-05 up </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DILTIAZEM-XT (CARDIZEM-CD) "60" 240MG CAP TAKE 1 CAPSULE(S) BY MOUTH DAILY *KEEP ON PERSON* RX: 7350211 MCARTHUR, P.A., DONALD, PA START - 05/04/2005 STOP - 08/11/2005 | 6A | <div style="display: flex; justify-content: space-between;"> → 1/1 PM </div> <div style="display: flex; justify-content: space-between;"> KOP 6-9-05 up </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FLOMAX (TANSULOSIN) 0.4MG CAP TAKE 1 CAPSULE(S) BY MOUTH DAILY *KEEP ON PERSON* *NON-FERTILARY APPROVED UNTIL 0-10-05 *DO NOT CRUSH* RX: 7378720 MCARTHUR, P.A., DONALD, PA START - 05/13/2005 STOP - 08/10/2005 | 6A | <div style="display: flex; justify-content: space-between;"> → 1/1 PM </div> <div style="display: flex; justify-content: space-between;"> KOP 6-9-05 up </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

| | | | |
|-----------------|---------------------------|--------------------------|-------------------------|
| CHARTING FOR | 06/01/2005 | THROUGH | 06/30/2005 |
| Physician | MCARTHUR, P.A., DONALD | Telephone No. | Medical Record No. |
| Alt. Physician | | Alt. Telephone | |
| Diagnosis | NONE KNOWN | | |
| Medicaid Number | Medicare Number | Complete Entries Checked | |
| PATIENT | By: <i>Angela Ballman</i> | Title: <i>RN</i> | Room No. <i>5/28/05</i> |
| | PATIENT CODE | ROOM NO. | BED FACILITY |

MEDICATION ADMINISTRATION RECORD

STDT01

Pg II of II

MEDICATIONS

HOUR

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

Diltiazem CD
 240 mg $\dot{=}$ P.O. QD
 5/6/05 ~~8/12/05~~
 Flomax 0.4 mg $\dot{=}$ P.O.
 QD \times 90 days KOP
 5805 - 8-2-05
 Evmenat @ 530/A
 5/16/05

6A ~~X~~

SUN on ATRN \times 30 ~~1/16/05~~
~~5-4-05~~ ~~1/16/05~~
~~4-30~~

~~1/16/05~~ ~~1/16/05~~
~~5-18-05~~ ~~4-30~~

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

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1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

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1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

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1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

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1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

MEDICATIONS

HOUR

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

STARTING FOR 5/1/05

THROUGH 5/31/05

Physician

Att: Physician

Telephone No.

Alt. Telephone

Medical Record No.

2761676

Allergies

Catapress

Rehabilitative Potential

Diagnosis

Medicaid Number

Medicare Number

Complete Entries Checked

By:

B Kernell

Title:

Lpn

Date:

PATIENT CODE

ROOM NO.

BED FACILITY

MEDICATION ADMINISTRATION RECORD

05/01/2005

STD01

(51A-432) STATION CORRECTIONAL FAC

PA I of II

| MEDICATIONS | HOUR | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 |
|--|-----------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| ATENOLOL (TENORMIN) 50MG TAB TAKE 1 TABLET(S) BY MOUTH DAILY *KEEP ON PERSON* RX: 6827831 MCARTHUR, P.A., DONALD, PA START - 01/21/2005 STOP - 08/08/2005 | CA KOP | <div style="position: absolute; top: 0; right: 0;">K 2nd time from 5-9-05 up</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENALAPRIL (VASOTEC) 10MG TAB TAKE 1 TABLET(S) BY MOUTH DAILY *KEEP ON PERSON* RX: 6827840 MCARTHUR, P.A., DONALD, PA START - 01/21/2005 STOP - 08/08/2005 | CA KOP | <div style="position: absolute; top: 0; right: 0;">Died 5/2/05</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LOVASTATIN (MEVACOR) 20MG TAB TAKE 1 TABLET(S) BY MOUTH DAILY *KEEP ON PERSON* RX: 6827847 MCARTHUR, P.A., DONALD, PA START - 01/21/2005 STOP - 08/08/2005 | CA KOP | <div style="position: absolute; top: 0; right: 0;">K 2nd time from 5-9-05 up</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FIBER-LAX (CARDS) 625MG TAB TAKE 1 TABLET(S) BY MOUTH TWICE DAILY *KEEP ON PERSON* RX: 6827878 MCARTHUR, P.A., DONALD, PA START - 01/21/2005 STOP - 08/08/2005 | CA KOP | <div style="position: absolute; top: 0; right: 0;">K 2nd time from 5-9-05 up</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DILTIAZEM-XT (CARDIZEM-CD) "QD" 120MG CAP TAKE 1 CAPSULE(S) BY MOUTH DAILY *KEEP ON PERSON* RX: 6827895 MCARTHUR, P.A., DONALD, PA START - 01/21/2005 STOP - 08/08/2005 | CA KOP | <div style="position: absolute; top: 0; right: 0;">Died 5/2/05</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENTERIC COATED ASPIRIN 325MG TAB TAKE 1 TABLET(S) BY MOUTH DAILY *DO NOT CRUSH* *KEEP ON PERSON* RX: 6827937 MCARTHUR, P.A., DONALD, PA START - 01/21/2005 STOP - 08/08/2005 | CA KOP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOLUSATE SOD (COLACE) (CARDS) 100MG CAP TAKE 1 CAPSULE(S) BY MOUTH TWICE DAILY *KEEP ON PERSON* *DO NOT CRUSH* RX: 6828159 MCARTHUR, P.A., DONALD, PA START - 01/21/2005 STOP - 08/08/2005 | CA KOP | <div style="position: absolute; top: 0; right: 0;">GIVEN X 60 5/2-05 from 5-9-05 up</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRazosin (MINIPRESS) 2MG CAP TAKE 1 CAPSULE(S) BY MOUTH TWICE DAILY *KEEP ON PERSON* RX: 7004393 WILLIAMS, M.D., WINFRED, MD START - 02/24/2005 STOP - 07/27/2005 | CA KOP | <div style="position: absolute; top: 0; right: 0;">GIVEN X 60 5/2-05 from 5-9-05 up</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Flomax 0.4mg p.o. qd x 90 days 1/28/05 - 7/29/05 | CA KOP | <div style="position: absolute; top: 0; right: 0;">Revised</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

| | | | |
|-----------------|-------------------------|--------------------------|------------------------------------|
| CHARTING FOR | 05/01/2005 | THROUGH | 05/31/2005 |
| Physician | WILLIAMS, M.D., WINFRED | | Telephone No. |
| Alt. Physician | NONE KNOWN | | Alt. Telephone |
| Diagnosis | | | Medical Record No. |
| Medicaid Number | Medicare Number | Complete Entries Checked | Rehabilitative Potential |
| PATIENT | By: C. Helich | Date: 4/28/05 | PATIENT CODE ROOM NO. BED FACILITY |